SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) APPLICANT(S) 89/914996 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED WD. DEP. IND. DEP. IND. DEP. IND. IND. DEP. IND. DEP. :3 :8 TAL TAL TOTAL DEP. MAY BE US - RADDIT! VAL CLAIMS OR AMENDMENTS US DEPARTMENT OF COMMUNICATION OF THE COMMUNICAT